

## PASSENGER INFORMATION FORM

**IMPORTANT: This information is required in order to receive your final TRIP documents.**

**TOUR NAME & DATES:** \_\_\_\_\_

**REQUIRED INFORMATION:**

Last Name	
Given name (as on passport)	
Gender	
Passport Number: Complete and return only when valid passport information is available.	
Date of Issue	
Place of Issue	
Expiration Date	
Place of Birth	
Date of Birth	
Country of Citizenship	

**DESCRIBE YOUR GENERAL STATE OF HEALTH** relative to the physical requirements for this trip **as on the reverse side of this form?** \_\_\_\_\_ →

**MEDICAL, PHYSICAL, OR DIETARY LIMITATIONS:** \_\_\_\_\_

<b>Primary Care Physician</b>	
Name:	Phone number: ( )

**LIST ALL PRESCRIPTION MEDICATIONS:**


Most insurance and HMO/PPO plans offer reduced benefits when traveling internationally. If you are currently covered by Medicare, it is important to know Medicare does not cover you outside the U.S. Do you have supplemental insurance that covers health care expenses outside the U.S.? Yes \_\_\_ No \_\_\_

**NAME OF INSURANCE COMPANY** \_\_\_\_\_ **POLICY#** \_\_\_\_\_

**EMERGENCY INSURANCE CONTACT/PHONE NUMBER ( )** \_\_\_\_\_

I/we have been offered the following **travel insurance** in conjunction with The Philadelphia Zoo tour listed above, and I/we have:

A) Purchased coverage for: ___ Travel Insurance Select ___ Travel Insurance Select Plus (For International trips only.) <div style="text-align: center;">_____</div> <div style="text-align: center;"><b>(Initial)</b></div>	B) Declined the purchase of: ___ Travel Insurance Select ___ Travel Insurance Select Plus (For International trips only.) <div style="text-align: center;">_____</div> <div style="text-align: center;"><b>(Initial)</b></div>
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In declining the purchase of any or all of the above coverage, I/we will not hold The Philadelphia Zoo and/or its agents responsible for any additional expenses/losses incurred resulting from my/our cancellation of this trip, accident, sickness, lost or damaged baggage that would have been covered by the travel insurance protection offered above. \_\_\_\_\_ **(initial)** If you purchased your own travel insurance, please list the company name and phone number below:

**TRAVEL INSURANCE COMPANY NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**In case of emergency, list two persons who may be contacted and who are not traveling with you (NAME INDIVIDUALS WHO YOU ARE CONFIDENT WILL ASSUME RESPONSIBILITY FOR YOU IN CASE OF AN EMERGENCY.)**

NAME (1)	NAME (2)
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE: DAY ( ) NIGHT ( )	PHONE: DAY ( ) NIGHT ( )
Relationship to you	Relationship to you

**IF YOU ARE WORKING, THE PERSON TO CONTACT WHERE YOU WORK:**

NAME: \_\_\_\_\_ DAY PHONE:(\_\_\_\_) \_\_\_\_\_

**TO HELP MAKE YOUR TRIP MORE PLEASANT**

Name for Name Badge (How you wish to be called)
Special requests for plane & hotel accommodations
Name(s) of traveling companion(s)
Occupation
Special interests or areas of expertise
Wedding anniversary, birthday, date or other special occasion you would like us to know about

**TOUR OPERATOR’S DEFINITION OF THE DEGREE OF DIFFICULTY FOR THIS TRIP**

**In addition to the usual difficulties and occasional mishaps that are a part of any travel itinerary, for this *moderately active* trip: travelers need to be aware that there is a fair amount of walking. A traveler needs to be able to walk on uneven terrain and be able to go up and down at least 40 stairs unassisted. Passengers must be able to tolerate heat, sunlight and humidity. A traveler must also be able to endure early morning wake-up calls.**

**Trip members have the responsibility to select a trip appropriate to their abilities and interests. In order to assist you, our tour operators grade each trip with regard to its “degree of difficulty” (see above), and we are happy to discuss the details of our trips with you. Trip members are held responsible for being in good physical health such that they are able to undertake the trip they choose. Trip members are responsible for reading the pre-trip information materials.**

**I have read and carefully considered the schedule of activities and the degree of difficulty statement for this particular trip. I hereby affirm that I do not suffer from any known physical or other impairment that would hinder either my own ability or that of other travelers from fully participating in the scheduled activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSIBILITY STATEMENT**

The Philadelphia Zoo serves only to assist in making necessary air travel arrangements for its participating members, and in no way represents, or acts as agent for, transportation carriers, hotels, and other suppliers of services connected with this tour. Travel and services are subject to the terms and conditions under which such accommodations, services, and transportation are offered or provided, and the Zoo, and its respective employees, agents, representatives, and assigns, accepts no responsibility or liability.

Therefore, the Zoo is not liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in carrying out or performing any of the services involved. Additionally, responsibility is not accepted for losses or expenses due to sickness, weather, strike, hostilities, wars, natural disasters or other such causes. All services and accommodations are subject to the laws of the country in which they are provided. The Zoo or tour director also reserves the right to make changes in the published itineraries whenever, in its sole judgment, conditions so warrant, or if they deem it necessary for the comfort, convenience or safety of the tour participants. They reserve the right to withdraw without penalty any tour announced. The Zoo also reserves the right to decline to accept any person as a participant in the tours, or to require any participant to withdraw from the tour at any time, when such an action is determined by the appropriate Association staff representative to be in the best interests of the health, safety, and general welfare of the tour group, or of the individual participant. Participants are encouraged not to purchase airline tickets until after receiving a letter stating that they are confirmed on the tour. Neither the Association nor the tour operator accepts liability for any airline cancellation penalty incurred by the purchase of a nonrefundable domestic ticket to the tour departure cities and return. Baggage and personal effects are the sole responsibility of the owners at all times.

Dates, schedules, program details, tour leadership, and costs, although given in good faith and based on information available upon publication of the brochure, are subject to change and revision.

**As a condition of acceptance of any reservation, each participant must agree to sign the statement set forth below:**

The undersigned has read carefully the schedule of activities for this tour, as well as the conditions of application and participation as set forth in the tour brochure, and recognizes and accepts any risks thereof and the conditions set forth therein, including the refund policy. The undersigned also understands and hereby agrees for and on behalf of himself/herself, his/her dependents, heirs, executors, administrators, and assigns to abide by the conditions set forth under RESPONSIBILITY, above, as well as in the brochure, and to release and hold harmless the Zoo and any of their officers, agents, licensees or representatives from any and all liability for delays, injuries or death, or for the loss of or damage to, his/her property however occurring during any portion of, or in relation to, the tour referred to in the brochure and in other related documents received by the undersigned, such as Tour Bulletins, relating to the program and potential risks.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

If this reservation is made for, or by, a person under 18 years of age, both parents or the participant's guardian must also sign the application.

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Each participant must sign both the Responsibility and the Degree of Difficulty Statements set forth above.**

(Updated by RGDV 10.2016)